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SUBJECT: THAILAND MALARIA CASES RISE AS BURMESE REFUGEES CROSS
BORDER

REF: CHIANG MAI 113

11. (U) SUMMARY. Continued instability in Burma could be contributing to higher incidences of malaria in western Thailand over the past two years, say health and refugee experts. The past three rainy seasons have seen an increase in malaria infections reported to Thai and NGO health officials and experts predict infections among vulnerable populations such as Burmese migrant workers and refugees will continue to increase. End Summary.

12. (U) At the Mae Tao Clinic in Mae Sot, Tak Province, health officials specializing in treating Burmese refugees and undocumented migrant workers report that malaria cases at the clinic jumped 90 percent between 2004 and 2005 to 7,505. Mae Tao founder Dr. Cynthia Maung said that with an early start to the rainy season this year, she expects to treat an even larger number by the end of 2006. Provincial health officials in Tak, a densely forested province bordering Burma, also reported significant increases from 2004 to 2005 (up 55 percent, to 3,315 cases), and expect 2006 to match last year's numbers.

13. (U) Thai health officials expressed concern that this year's earlier rainy season will further exacerbate malaria and dengue fever infections, but remained confident that government health programs are capable of providing sufficient prevention and treatment programs. However, NGO health workers fear that populations that do not have ready access to Thai hospitals and clinics will suffer more from exposure to mosquito-borne diseases and other ailments.

14. (U) Mae Sot-based NGO workers involved in assisting refugees and migrant workers from Burma said that these high-risk populations face challenges from two fronts. First, instability in Burma has pushed many Burmese - especially ethnic Karen - into Thailand or remote jungle areas within Burma. Second, periodic raids by Thai immigration officials on undocumented workers make many illegal Burmese fearful of going to Thai clinics to seek medical treatment. Whether hiding from State Peace and Development Council military forces in the Burmese jungle or avoiding Thai immigration police in Mae Sot, refugees and migrant workers are less likely to use anti-malarial medication or prevention measures, such as mosquito nets, and less likely to receive proper treatment if infected.

15. (U) COMMENT: With continued instability in Karen State (see reftel), more refugees are crossing into Thailand, straining Thai and NGO medical resources. Burma's volatility creates cross-border concerns not just for immediate refugee assistance, but also longer-term issues, such as health care and disease prevention. The Mae Tao Clinic now treats more than 80,000 patients a year, with many patients crossing from Burma into Thailand specifically for treatment at the center. Moreover, the Democratic Voice of Burma estimates there are 100,000 Burmese workers in Mae Sot alone, with half living there illegally. The

increased vulnerability to disease this large population of political and economic refugees faces is yet one more reminder of the transnational consequences of instability in Burma. End Comment.

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